

Orders

Patient Care

Order: Copay Charge

Order Date/Time: 1/22/2019 15:55 CST

Order Status: Ordered

Department Status: Ordered

End-state Date/Time: 1/22/2019 15:55 CST

End-state Reason:

Ordering Physician: Gavin,MD,Eileen S.

Consulting Physician:

Entered By: Deyoung,Kristine A on 1/22/2019 15:55 CST

Order Details: 1/22/19 3:55 00 PM CST

Action Type: Order

Action Date/Time: 1/22/2019 15:55 CST Electronically Signed By: Deyoung, Kristine A

Communication Type: Nursing Protocol

Order: Walker

Order Date/Time: 1/4/2019 13:51 CST

Order Status: Ordered

Department Status: Ordered

End-state Date/Time: 1/4/2019 13:51 CST

End-state Reason:

Ordering Physician: McArdle,Sandy

Consulting Physician:

Entered By: McArdle,Sandy on 1/4/2019 13:51 CST

Order Details: 1/4/19 1:51:00 PM CST, Daily (10AM) - KOP, 365 days, Use in cell

Action Type: Order

Action Date/Time: 1/4/2019 13:51 CST Electronically Signed By: McArdle, Sandy

Communication Type: Written

Order: Wheelchair

Order Date/Time: 1/4/2019 13:48 CST

Order Status: Ordered

Department Status: Ordered

End-state Date/Time: 1/5/2020 07:29 CST

End-state Reason:

Ordering Physician: Gavin,MD,Eileen S.

Consulting Physician:

Entered By: McArdle,Sandy on 1/4/2019 13:48 CST

Order Details: 1/4/19 1:48:00 PM CST, Daily - SC, 365 days, Stop date 1/5/20 7 29 00 AM CST, Wheelchair to be used outside cell for longer distances only wheelchair may also be used in cell for sitting until bariatric chair arrives., Distance

Action Type: Modify

Action Date/Time: 2/12/2019 14:49 CST Electronically Signed By: Gavin,MD, Eileen S.

Communication Type: Written

Action Type: Order

Action Date/Time: 1/4/2019 13:50 CST Electronically Signed By: McArdle, Sandy

Communication Type: Written

Progress Notes

Addendum by McArdle, Sandy on May 31, 2019 5:10:15 PM CDT

The patient's right foot was also assessed after it was determined that the foot had not been evaluated earlier in the day as the patient stated. Patient continues to have an area of increased pigmentation at the site where the foreign body was removed from the ball of the right foot. There is no increase warmth or redness noted. Area remains tender to touch. Area no longer requires assessment by Health Services staff. Order to discontinue the assessment of the area written. Order written for assessment by a provider in 2 weeks to be sure that remaining tenderness is resolving.

Electronically Signed on 05/31/19 05:14 PM

McArdle, Sandy

Subjective

Patient enters the clinic for follow up after an ER visit following an incident where he fell backwards off a chair that broke while he was sitting in it. Patient states that he continues to have problems with headache. Denies any diplopia, blurred vision, difficulty speaking or moving. No current complaint of feelings of unreality currently. Patient also wished to discuss his upcoming move to another location.

Objective

Physical Exam

VS 139/89-85-18. HEENT Eyes: PERRLA. EOM's intact. Optic discs 1 cm bilaterally. TM's dull bilaterally. Sinuses Nontender. Nasal mucosa Erythematous. Oropharynx pink, no post-nasal drainage. Heart HRR, no murmur. Lungs CTA. Neuro: Cranial nerves 2-12 intact.

Diagnostic Results

Review of the CT of the head was negative for fracture or signs of bleeding at the sight of the injury, and the abnormality found right posterior cerebral hemisphere was felt to be secondary to artifact.

Assessment/Plan

Encounter for medical care, Encounter for medical care

Explained to the patient that while preparing to move, the security personnel will be sure to secure all items that are specific to the patient so that they can make sure that they go with the patient. Once he arrives, these items should be returned to him.

Headache

Reviewed use, dose, SE of medication. Will extend the availability of ice QID PRN until patient moves to his new DOC home.

Ordered:

acetaminophen/aspirin/caffeine, 1 to 2 Tablets, Oral, BID (AM/HS) - KOP for 180 days, PRN headache, First Dose: 05/30/19 15 03.00 CDT, Stop Date 11/26/19 14:02 00 CST, Form: Tab, Next Start Dispense Date: 05/30/22

Orders

Transfer Patient to Emergency Room

Electronically Signed on 05/31/19 02 56 PM

McArdle, Sandy

Document Type:

Progress Note Generic

Service Date/Time

5/30/2019 15 16 CDT

Result Status:

Auth (Verified)

Document Subject:

Progress/SOAP Note

Sign Information:

McArdle, Sandy L (5/30/2019 16.03 CDT)

Subjective

Patient enters the clinic for follow up after an incident when the chair he was sitting in broke. Patient states that he struck the side of his bed with his head. He denies loss of consciousness. He states that he has noted a general feeling of unreality, also has noted some

Patient SHEPPARD, CHARLES

MRN/DOC: 000312596

DOB: 10/10/00

Orders

Patient Care

Order: Wheelchair

Order Date/Time 5/16/2019 21:34 CDT

Order Status: Ordered

Department Status: Ordered

End-state Date/Time: 5/15/2020 21:33 CDT

End-state Reason:

Ordering Physician: Gavin,MD,Eileen S.

Consulting Physician

Entered By: Gavin,MD,Eileen S.on 5/16/2019 21:34 CDT

Order Details: 5/16/19 9 34.00 PM CDT, 365 days, Stop date 5/15/20 9.33.00 PM CDT, Constant order, Distance

Action Type: Order

Action Date/Time: 5/16/2019 21:35 CDT Electronically Signed By: Gavin,MD, Eileen S.

Communication Type: Written

Order: Recreation Restrictions

Order Date/Time: 5/9/2019 17:51 CDT

Order Status: Ordered

Department Status: Ordered

End-state Date/Time: 11/5/2019 17.50 CST

End-state Reason:

Ordering Physician: Gavin,MD,Eileen S.

Consulting Physician

Entered By: Gavin,MD,Eileen S.on 5/9/2019 17:51 CDT

Order Details: 5/9/19 5:51:00 PM CDT, 180 days, PRN, BID (AM/PM) - SC

Action Type: Order

Action Date/Time: 5/9/2019 17.53 CDT Electronically Signed By: Gavin,MD, Eileen S.

Communication Type: Written

Order: Blood Pressure

Order Date/Time: 4/3/2019 12:20 CDT

Order Status: Completed

Department Status: Completed

End-state Date/Time: 4/10/2019 14:16 CDT

End-state Reason:

Ordering Physician:

Consulting Physician

Entered By: Martin,Sarah J on 4/3/2019 12:20 CDT

Order Details: 4/10/19 9:15:00 AM CDT, BP 4/4

Action Type: Complete

Action Date/Time: 4/10/2019 14:16 CDT Electronically Signed By: Grochowski, Rose M

Communication Type:

Action Type: Activate

Action Date/Time: 4/10/2019 14:16 CDT Electronically Signed By: Grochowski, Rose M

Communication Type:

Action Type: Order

Action Date/Time: 4/3/2019 12.20 CDT Electronically Signed By: Martin,Sarah J

Communication Type:

Report Request ID 4835418

Print Date/Time: 9/24/2019 14:56 CDT

DOC - 0525

Case 2:19-cv-01401-NJ Filed 10/09/20 Page 3 of 3 Document 30-1

EXHIBIT C